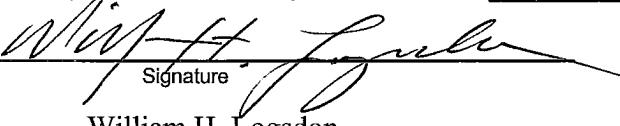


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
<b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		5503 - 061852	
Application Number 10/587,741		Filed 1/28/2004	
For "Method of Obtaining Stable Conditions for the Evaporation Temperature of a Media to be Cooled Through Evaporation in a Refrigerating Installation"			
Art Unit 3784		Examiner Azim Rahim	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	<u>\$ 130</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>\$</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	<u>\$</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	<u>\$</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	<u>\$</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-0650</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>22,132</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
		November 29, 2010	
Signature		Date	
William H. Logsdon		412-471-8815	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			